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10 g	tion Act of 1906	no pomone are rea	uirod to socr	U.S. Patent	and Trade	mark Office: U.S. DE	PTO/SB/17 (10-08) h 09/30/2010. OMB 0651-0032 EPARTMENT OF COMMERCE			
Effect	uned to resp	spond to a collection of information unless it displays a valid OMB control number  Complete if Known								
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Application Nun	nber 1	10/597,346	97,346			
FEE TR	<b>\</b> L	Filing Date 08/2		08/23/2006	23/2006					
Fo		First Named Inventor		Reistroffer, Jeffrey P.						
		Examiner Name		Johnson, Stephen						
Applicant claims small entity status. See 37 CFR 1.27				Art Unit		3641				
TOTAL AMOUNT OF PAY	MENT (\$)	25.00		Attorney Docke	t No.	Vone				
METHOD OF PAYMEN	IT (check al	that apply)		-						
✓ Check Credit Card Money Order None Other (please identify):										
Deposit Account Deposit Account Number: Deposit Account Name:										
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)										
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee										
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FEE CALCULATION							١.			
1. BASIC FILING, SEA		CH FEES	EXAM	INATION FEES						
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (	Small Entity \$) Fee (\$)	Fees Paid (\$)			
Utility	330	165	540	270	220					
Design	220	110	100	50	140	70				
Plant	220	110	330	165	170	85	*			
Reissue	330	165	540	270	650	325				
Provisional	220	110	0	0	0	0				
2. EXCESS CLAIM FE  Fee Description  Each claim over 20 (  Each independent cl  Multiple dependent	Fee (\$) 52 220 390	Small Entity Fee (\$) 26 110 195								
Total Claims							ependent Claims			
- 20 or HP =  HP = highest number of tota  Indep. Claims		or, if greater than 20.		Paid (\$)		<u>Fee (\$)</u>	Fee Paid (\$)			
- 3 or HP = HP = highest number of inde	enendent claim	XX	=							
TIF - Highest number of file	, pendent dann	o paid for, it greater t	aidir J.							

HP = highest number of tot	al claims paid for, if grea	iter than 20.				
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	_		
3 or HP =	x _	=				
HP = highest number of inde	ependent claims paid for	, if greater than 3	<b>)</b> .			
I. APPLICATION SIZE  If the specification and listings under 37 (	d drawings exceed			ding electronically fil 270 (\$135 for small e		
_	hereof. See 35 U.S Extra Sheets	S C 41(a)(1)	(G) and 37 CF each addition:		of Fee (\$)	Fee Paid (\$)
. OTHER FEE(S)						Fees Paid (\$)

Other (e.g., late filing surcharge): PTOL-319 Dated 11/04/2010 - Excess Claims Fee 25.00 SUBMITTED BY Registration No. Signature (Attorney/Agent)

Date

Non-English Specification, \$130 fee (no small entity discount)

Name (Print/Type)

P. Reistrotte

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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11/17/2010 TLUU22